

## Measure Information Form

***Project Title:***

Dialysis Adequacy

***Project Overview:***

The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) develop measures of dialysis adequacy in ESRD patients. The contract name is ESRD Quality Measure Development, Maintenance, and Support. The contract number is HHSM-500-2013-13017I.

***Date:***

Information included is current on September 25, 2015

## ***Measure Name***

### ***Descriptive Information***

#### **Measure Name (Measure Title De.2.)**

Delivered Dose of Peritoneal Dialysis Above Minimum

#### **Measure Type De.1.**

Intermediate Outcome

#### **Brief Description of Measure De.3.**

Percentage of all patient months for adult patients ( $\geq 18$ ) whose delivered peritoneal dialysis dose was a weekly Kt/Vurea  $\geq 1.7$  (dialytic + residual).

#### **If Paired or Grouped De.4.**

N/A

#### **Subject/Topic Areas De.5.**

Renal, Renal: End Stage Renal Disease (ESRD)

#### **Crosscutting Areas De 6.**

N/A

### ***Measure Specifications***

#### **Measure-specific Web Page S.1.**

N/A

#### **If This Is an eMeasure S.2a.**

N/A

#### **Data Dictionary, Code Table, or Value Sets S.2b.**

No data dictionary

#### **For Endorsement Maintenance S.3.**

The following fields have been revised since initial submission in 2011:

Measure description

Numerator statement

Numerator details

Denominator statement

Denominator details

Exclusions

Calculation Algorithm

Missing data

Data source/collection instrument

#### **Numerator Statement S.4.**

Number of patient months in the denominator whose delivered peritoneal dialysis was a weekly Kt/Vurea  $\geq 1.7$  (dialytic + residual, measured in the last 4 months).

#### **Time Period for Data S.5.**

The entire calendar month

#### **Numerator Details S.6.**

Reporting months with weekly Kt/Vurea  $\geq 1.7$  (dialytic + residual) are counted in the numerator. If no weekly Kt/Vurea value is reported for a given patient in the reporting month, the most recent peritoneal dialysis weekly Kt/Vurea value in the prior 3 months is applied to the calculation for that month.

Missing, expired, and not performed are not counted as achieving the minimum weekly Kt/Vurea threshold.

#### **Denominator Statement S.7.**

To be included in the denominator for a particular reporting month, the patient must be on peritoneal dialysis for the entire month, be  $\geq 18$  years old at the beginning of the month, must have had ESRD for greater than 90 days at the beginning of the month, and must be assigned to that facility for the entire month.

#### **Target Population Category S.8.**

Populations at Risk

#### **Denominator Details S.9.**

A treatment history file is the data source for the denominator calculation used for the analyses supporting this submission. This file provides a complete history of the status, location, and dialysis treatment modality of an ESRD patient from the date of the first ESRD service until the patient dies or the data collection cutoff date is reached. For each patient, a new record is created each time he/she changes facility or treatment modality. Each record represents a time period associated with a specific modality and dialysis facility. CROWNWeb is the primary basis for placing patients at dialysis facilities and dialysis claims are used as an additional source. Information regarding first ESRD service date, death, and transplant is obtained from CROWNWeb (including the CMS Medical Evidence Form (Form CMS-2728) and the Death Notification Form (Form CMS-2746)) and Medicare claims, as well as the Organ Procurement and Transplant Network (OPTN) and the Social Security Death Master File.

To be included in the denominator for a particular reporting month the patient must be on peritoneal dialysis and assigned to that facility for the entire month, have had ESRD for greater than 90 days on the first day of the month, and be  $\geq 18$  years old at the beginning of the month.

**Denominator Exclusions (NQF Includes “Exceptions” in the “Exclusion” Field) S.10.**

Exclusions that are implicit in the denominator definition include

- 1) Patients not on peritoneal dialysis for the entire month
- 2) Pediatric patients (<18 years old)
- 3) All patients who have had ESRD for <91 days
- 4) Patients not assigned to the facility for the entire month

There are no additional exclusions for this measure.

**Denominator Exclusion Details (NQF Includes “Exceptions” in the “Exclusion” Field) S.11.**

None.

**Stratification Details/Variables S.12.**

N/A

**Risk Adjustment Type S.13.**

No risk adjustment or risk stratification

**Statistical Risk Model and Variables S.14.**

N/A

**Detailed Risk Model Specifications S.15.**

N/A

**Type of Score S.16.**

Rate/proportion

**Interpretation of Score S.17.**

Better quality = Higher score

**Calculation Algorithm/Measure Logic S.18.**

Denominator: For the reporting month, patients are included in the denominator if:

Patient modality is indicated as PD during the entire month

Patient age as of the beginning of the reporting month is at least 18 years

Patient has had ESRD for greater than 90 days at the beginning of the month

Patient has been assigned to the facility for the entire month

Numerator: For the reporting month, patients from the denominator are also included in the numerator if they have a weekly Kt/Vurea  $\geq 1.7$ .

If no weekly Kt/Vurea value is reported for a given patient in a month, the most recent peritoneal dialysis weekly Kt/Vurea value in the prior 3 months is applied to the calculation for that month.

**Calculation Algorithm/Measure Logic Diagram URL or Attachment S.19.**

No diagram provided

**Sampling S.20.**

N/A

**Survey/Patient-Reported Data S.21.**

N/A

**Missing Data S.22.**

Patients with missing Kt/V values are not excluded from the measure. Therefore, patients for whom a Kt/V value is missing for the month are still included in the denominator. This is designed to ensure that facilities will still be evaluated for the measure.

**Data Source S.23.**

Administrative claims, Electronic Clinical Data

**Data Source or Collection Instrument S.24.**

For the analyses supporting this submission, the measure is calculated using CROWNWeb as the primary data source. If a patient's data are missing in CROWNWeb, Medicare claims are used

**Data Source or Collection Instrument (Reference) S.25.**

No data collection instrument provided

**Level of Analysis S.26.**

Facility

**Care Setting S.27.**

Dialysis Facility

**Composite Performance Measure S.28.**

N/A